



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

STAMP

FOR
 SECRETARY OF STATE
 R.I. 02882

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000153175		2. Exact name of the Corporation TWIN RIVER NURSERY, INC.				
3. Principal Office Address 31 Douglas Pike		City Smithfield		State RI	Zip 02917	
4. NAICS Code 444220		6. Brief description of the character of business conducted in Rhode Island NURSERY				
5. State of Incorporation Rhode Island						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name TYRONE V. DALO			Vice-President Name KATHY E. DALO			
Street Address 130 Whipple Road			Street Address 179 Creeley Street			
City Pascoag	State RI	Zip 02904	City Providence	State RI	Zip 02904	
Secretary Name KATHY E. DALO			Treasurer Name TYRONE V. DALO			
Street Address 179 Creeley Street			Street Address 130 Whipple Road			
City Providence	State RI	Zip 02904	City Pascoag	State RI	Zip 02859	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized						
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		200 Shares		Common		No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>						
Name of Authorized Representative TYRONE V. DALO				Date 2-16-19		
Signature of Authorized Representative 			SIGN DOCUMENT HERE			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 21 2019

BY 71009 DS